

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

M-PAC

ADDRESS (number and street)

700 13th Street, NW

Suite 600

☐ Check if different than previously reported. (ACC)

Washington

DC

20005

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00365270

3. IS THIS REPORT

☒

NEW (N)

OR

☐

AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15 Quarterly Report (Q1)☐ July 15 Quarterly Report (Q2)☐ October 15 Quarterly Report (Q3)☐ January 31 Year-End Report (YE)☐ July 31 Mid-Year Report (Non-election Year Only) (MY)☐ Termination Report (TER)

(b) Monthly Report Due On:

☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11) (Non-Election Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12) (Non-Election Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☒ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Tracy Newman

Signature of Treasurer

Tracy Newman

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only

FEC FORM 3X

Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

M-PAC

Report Covering the Period:

From:

 M M / D D / Y Y Y Y Y
 09 / 01 / 2012

To:

 M M / D D / Y Y Y Y Y
 09 / 30 / 2012

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2012		44730.77
(b) Cash on Hand at Beginning of Reporting Period.....	55495.4	
(c) Total Receipts (from Line 19)	18000	226500
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	73495.4	271230.77
7. Total Disbursements (from Line 31)	24932.38	222667.75
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	48563.02	48563.02
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

M-PAC

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y Y
09		01		2012

To:

M M	/	D D	/	Y Y Y Y Y Y
09		30		2012

I. Receipts
COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other
Than Political Committees

(i) Itemized (use Schedule A).....

0

28000

(ii) Unitemized

0

0

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

0

28000

(b) Political Party Committees

0

0

(c) Other Political Committees

(such as PACs).....

18000

198500

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ▶

18000

226500

12. Transfers From Affiliated/Other

Party Committees.....

0

0

13. All Loans Received

0

0

14. Loan Repayments Received.....

0

0

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0

0

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0

0

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0

0

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0

0

(b) Levin Funds (from Schedule H5)

0

0

(c) Total Transfers (add 18(a) and 18(b))..

0

0

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

18000

226500

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)..... ▶

18000

226500

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0	0
(ii) Non-Federal Share.....	0	0
(b) Other Federal Operating Expenditures	3682.38	61417.75
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	3682.38	61417.75
22. Transfers to Affiliated/Other Party Committees.....	0	0
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	20000	135000
24. Independent Expenditures (use Schedule E)	0	0
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0	0
26. Loan Repayments Made.....	0	0
27. Loans Made.....	0	0
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0	5000
(b) Political Party Committees	0	0
(c) Other Political Committees (such as PACs).....	0	5000
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0	10000
29. Other Disbursements	1250	16250
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0	0
(ii) "Levin" Share.....	0	0
(b) Federal Election Activity Paid Entirely With Federal Funds	0	0
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0	0
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	24932.38	222667.75
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	24932.38	222667.75

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	18000	226500
34. Total Contribution Refunds (from Line 28(d))	0	10000
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	18000	216500
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	3682.38	61417.75
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0	0
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	3682.38	61417.75

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 OF 11

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

M-PAC

Full Name (Last, First, Middle Initial)

A. Alaska Air Group Inc. PAC

Mailing Address 19300 Pacific Highway South

City
Seattle

State
WA

Zip Code
98188

FEC ID number of contributing
federal political committee.

C C00024349

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500

Date of Receipt

09 / **19** / **2012**

Transaction ID : C895

Amount of Each Receipt this Period

2500

Full Name (Last, First, Middle Initial)

B. American Hospital Association PAC

Mailing Address 325 Seventh Street, NW

City
Washington

State
DC

Zip Code
20004

FEC ID number of contributing
federal political committee.

C C00106146

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500

Date of Receipt

09 / **19** / **2012**

Transaction ID : C896

Amount of Each Receipt this Period

2500

Full Name (Last, First, Middle Initial)

C. Independent Community Bankers of America PAC

Mailing Address 1615 L Street, NW
Suite 900

City
Washington

State
DC

Zip Code
20036

FEC ID number of contributing
federal political committee.

C C00032698

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000

Date of Receipt

09 / **28** / **2012**

Transaction ID : C898

Amount of Each Receipt this Period

1000

SUBTOTAL of Receipts This Page (optional)..... ►

6000.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 7 OF 11

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

M-PAC

Full Name (Last, First, Middle Initial)

A. Management & Training Corporation PAC

Mailing Address 500 North Marketplace Drive

City State Zip Code
Centerville UT 84403

FEC ID number of contributing
federal political committee.

C C00208322

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 19 / 2012

Transaction ID : C897

Amount of Each Receipt this Period

2000

Full Name (Last, First, Middle Initial)

B. National Multi Housing Council PAC

Mailing Address 1850 M Street, NW
Suite 540

City State Zip Code
Washington DC 20036

FEC ID number of contributing
federal political committee.

C C00130773

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 28 / 2012

Transaction ID : C899

Amount of Each Receipt this Period

5000

Full Name (Last, First, Middle Initial)

C. Russell Investment Group Federal Political Action Committee

Mailing Address 909 A Street

City State Zip Code
Tacoma WA 98402

FEC ID number of contributing
federal political committee.

C C00421016

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 29 / 2012

Transaction ID : C900

Amount of Each Receipt this Period

5000

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

12000.00

18000.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 8 OF 11

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

M-PAC

Full Name (Last, First, Middle Initial)

A. Tracey Buckman

Mailing Address 2311 Creek Drive

City	State	Zip Code
Alexandria	VA	22308

Purpose of Disbursement
Reimbursement - Catering & Room Rental

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		20		2012

Transaction ID : D821

Amount of Each Disbursement this Period

878.4

Full Name (Last, First, Middle Initial)

B. Perkins Coie LLPMailing Address 1201 Third Avenue
Suite 4800

City	State	Zip Code
Seattle	WA	98101-3099

Purpose of Disbursement
Legal & Accounting Services

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		21		2012

Transaction ID : D816

Amount of Each Disbursement this Period

1003.98

Full Name (Last, First, Middle Initial)

C. Tracey Buckman & Associates

Mailing Address 2311 Creek Drive

City	State	Zip Code
Alexandria	VA	22308

Purpose of Disbursement
Fundraising Consulting Services

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		13		2012

Transaction ID : D808

Amount of Each Disbursement this Period

1800

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3682.38

3682.38

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 9 OF 11

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

M-PAC

Full Name (Last, First, Middle Initial)

A. Friends Of Chris Murphy

Mailing Address P.O. Box 127

City	State	Zip Code
Cheshire	CT	06410

Purpose of Disbursement
Contribution

Candidate Name

Chris Murphy

Office Sought:	House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: CT District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		19		2012

Transaction ID : D819

Amount of Each Disbursement this Period

5000

Full Name (Last, First, Middle Initial)

B. Indiana Democratic Congressional Victory CommitteeMailing Address 115 West Washington Street
Suite 1165

City	State	Zip Code
Indianapolis	IN	46204

Purpose of Disbursement
2012 Contribution

Candidate Name

Office Sought:	House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		19		2012

Transaction ID : D817

Amount of Each Disbursement this Period

5000

Full Name (Last, First, Middle Initial)

C. Montana Democratic Party

Mailing Address P.O. Box 802

City	State	Zip Code
Helena	MT	59624

Purpose of Disbursement
2012 Contribution

Candidate Name

Office Sought:	House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		19		2012

Transaction ID : D818

Amount of Each Disbursement this Period

5000

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

15000.00

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	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

M-PAC

A. Nevada State Democratic Party

Mailing Address 409 Horn Street

City	State	Zip Code
Las Vegas	NV	89107

Purpose of Disbursement	2012 Contribution

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

Transaction ID : D820

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name	
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9
10	10
11	11
12	12
13	13
14	14
15	15
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91	91
92	92
93	93
94	94
95	95
96	96
97	97
98	98
99	99
100	100

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional).....

5000.00

TOTAL This Period (last page this line number only).....

20000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 11 OF 11

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

M-PAC

Full Name (Last, First, Middle Initial)

A. Stand With Us

Mailing Address 603 Stewart Street, #819

City	State	Zip Code
Seattle	WA	98101

Purpose of Disbursement
Nonfederal Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	21	/	2012

Transaction ID : D822

Amount of Each Disbursement this Period

1250

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Disbursement this Period

--

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Disbursement this Period

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SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1250.00

1250.00
